

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 50 / 52

☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Moore For Congress

A. Full Name (Last, First, Middle Initial) Coggs for Alderman Mailing Address 2450 N Hubbard st	Transaction ID: D66243 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 7 / 2 0 0 8</div> </div>
City Milwaukee State WI Zip Code 53212 Purpose of Disbursement Non-Federal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div> <div>317.00</div> <div><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div>
B. Full Name (Last, First, Middle Initial) Andre Carson for Congress Mailing Address 2527 N Alabama St City Indianapolis State IN Zip Code 46205 Purpose of Disbursement Contribution Candidate Name Andre Carson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 07	Transaction ID: D66249 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 8 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div>1000.00</div> <div><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div>
C. Full Name (Last, First, Middle Initial) Taylor for County Executive Mailing Address 3428 W State St City Milwaukee State WI Zip Code 53208 Purpose of Disbursement Non-Federal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D66244 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 8 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div> <div>750.00</div> <div><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</div> </div>

SUBTOTAL of Disbursements This Page (optional)

2067.00

TOTAL This Period (last page this line number only)